

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2012 OF THE CONDITION AND AFFAIRS OF THE

Upper Peninsula Health Plan, LLC

	00000 ,	00000 (Prior Period)	NAIC Company Code _	52615	Employer's ID Number _	46-0927995
Organized under the Laws o	,	Michigan	, Stat	e of Domicile	e or Port of Entry	Michigan
Country of Domicile		-		d States	,	
Licensed as business type:	Life, Acciden	t & Health []	Property/Casualty []	Hospital, Medical & Dental Ser	vice or Indemnity []
	Dental Servi	ce Corporation []	Vision Service Corpo	oration []	Health Maintenance Organizat	ion [X]
	Other []		Is HMO, Federally (Qualified? Ye	es[]No[X]	
Incorporated/Organized		10/14/1997	Commenc	ed Business	08/01/19	98
Statutory Home Office		228 W. Washin	aton St		Marguette, MI, US 49	2855
claratory riomic cinec		(Street and Nur		_ ,	(City, State, Country and Zip	
Main Administrative Office			228 \	W. Washingt	on St.	
Marc	quette, MI, US	49855		Street and Numb		
	State, Country and				(Area Code) (Telephone Number)	
Mail Address		W. Washington St.			Marquette, MI, US 49855	
Drimany Location of Dooks o	,	and Number or P.O. Box)		220 ///	(City, State, Country and Zip Code)
Primary Location of Books a	ina Records				Washington St. et and Number)	
	quette, MI, US		,	/	906-225-7500 ea Code) (Telephone Number) (Extension)	<u> </u>
Internet Web Site Address	State, Country and	zip oddc)		N/A	ea Code) (Telephone Number) (Extension,)
Statutory Statement Contact	·	Kevin William C	arlson	1477	906-225-7500	
•		(Name)	.,	-	(Area Code) (Telephone Number) (E 906-225-8687	xtension)
KW	carlson@uphp (E-Mail Address				(Fax Number)	
			OFFICERO			
Name		Title	OFFICERS	Name	ے	Title
Dennis Smith	,	President		Kevin Ca		Treasurer
Jerry Worden	,	Secretary			,	
			OTHER OFFICE	RS		
		DIRE	CTORS OR TRU	ISTEES		
Michelle Tavernier		David Jahr	<u> </u>	John Sc		erry Worden
James Bogan		Kevin Calho	un	Robert V	/airo S	Scott Pillion
State of	Michigan					
County of	Marquette	ss				
above, all of the herein describe that this statement, together wi liabilities and of the condition ar and have been completed in acc may differ; or, (2) that state rule knowledge and belief, respective	ed assets were th related exhib nd affairs of the cordance with the s or regulations ely. Furthermore copy (except fo	the absolute property of its, schedules and expl said reporting entity as e NAIC Annual Stateme require differences in r e, the scope of this atte or formatting differences	the said reporting entity, fre anations therein contained, of the reporting period state the third reporting not related to account eporting not related to accoustation by the described office	e and clear from annexed or red above, and of above, and of above and of above and of above and above and above and above and also includes and above above and above and above above and above and above above and above above and above above and above above above above and above above and above abov	f said reporting entity, and that on the om any liens or claims thereon, exceptered to, is a full and true statement its income and deductions therefor and <i>Procedures</i> manual except to the is and procedures, according to the desthe related corresponding electrostatement. The electronic filing may	ept as herein stated, and ent of all the assets and om for the period ended, extent that: (1) state law best of their information, onic filing with the NAIC,
Dennis S			Kevin Carlson		Jerry Wo	
Preside	ent		Treasurer		Secreta	ary
Subscribed and sworn to b 26th day of	pefore me this February	, 2013		b. If 1. 2.	this an original filing? no: State the amendment number Date filed Number of pages attached	Yes [X] No []
Tanya M. Jennings, HR Direc October 11, 2013	tor			Э.	Transpor or pages attached	

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals				-		
Group subscribers:						
	VOV					
		· · · · · · · · · · · · · · · · · · ·				
			·····			·····
			·			·····
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	0	0	0	0	0	<u> </u> 0
039999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	0	0	0	0	0	0

EXHIBIT 3 - HEALTH CARE RECEIVABLES

EXHIBIT O - HEALTH OAKE RECEIVABLEO										
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted				
Claim Overpayment Receivables	•		•							
Pharmacy Claims Overpayment.						46 , 204 1 , 122 , 754				
Claims Paid For Retro Disenrollment				1,122,754		1,122,754				
Pharmacy Claims Overpayment. Claims Paid For Retro Disenrollment 0299999 - Totals - Claim Overpayment Receivables	0	0	46,204	1,122,754	0	1,168,958				
Inther Receivables	•	•		•						
Maternity Case Rates.						.513.620				
Medicaid Performance Bonus	217, 357	,				217 . 357				
CSHCS Receivable	458.417					458,417				
Pharmacy Receivable		16,293				513,620 217,357 458,417 40,810				
Maternity Case Rates Medicaid Performance Bonus. CSHCS Receivable. Pharmacy Receivable. 0699999 - Totals - Other Receivables	1,070,771	159,433	0	0	0	1,230,204				
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70000										
0799999 Gross health care receivables	1,070,771	159,433	46,204	1,122,754	0	2,399,162				

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid (Claims				
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
Aspirus Keweenaw Hospital	47 , 220 [4,699				51,919
Baraga County Memorial Hospital	13,664					13,664
Bell Memorial Hospital	78,969	5,635				84,604
Childrens Hospita'l of Michigan	14,850					14,850
Chippewa War Memorial Hospital	108,771	7,904				116,675
Dickinson County Memorial Hospital	95,787					95,787
Grand View Hospital	63,656	2,221				65,877
Harper University Hospital	52,981					52,981
Helen Newberry Joy Hospital	27 ,401					27,401
Henry Ford Hospital	13,150	8,840				21,990
Hurley Medical Center	45,773	32,173	32,173			110,119
Northstar Health System						32,036
Marquette General Hospital	431,150	2,858	108,485			542,493
McLaren - Northern Michigan						
Munising Memorial Hospital	10,785					10,785
Munson Medical Center	16,176					L16,176
Oakland University	46,472	46,472	46,472			139,416
Oakwood Hospital and Medical Center	10,950					L10.950
Portage Health Hospital	87,458	3,068				L
Regents of the U of M	0	364,074				J
Schoolcraft Memorial Hospital	16,087					16,087
Sinai-Grace Hospital						10,950
Spectrum Health	28,950			85,833		114,783
Şt. Francis Hospital	110,998					110,998
St. John Hospital and Medical Center	13 , 150					13,150
University of Michigan Health System.	121,848	42,897	42,897			207,642
Michigan State University	107,244	107,243	107,243			207,642 321,730
Wayne State University	128,692	128,692	128,692			
Catalyst Health Solutions	392,685					
0199999 Individually listed claims unpaid	2,157,056	756,776	465,962	85,833	0	3,465,627
0299999 Aggregate accounts not individually listed-uncovered.				, , , , , , , , , , , , , , , , , , ,		1
0399999 Aggregate accounts not individually listed-covered						0
0499999 Subtotals	2,157,056	756,776	465,962	85,833	0	3,465,627
0599999 Unreported claims and other claim reserves	, , , , , , , , , , , , , , , , , , , ,	,	,	- 7,7444	· · · · · · · · · · · · · · · · · · ·	8,866,631
0699999 Total amounts withheld						.,,
0799999 Total claims unpaid						12,332,258
0899999 Accrued medical incentive pool and bonus amounts						0

Exhibit 5 - Amounts Due From Parent, Subs

Exhibit 6 - Amounts Due To Parent, Subs

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	24,269,047	27.6		0.0	20,001,071	4,267,976
2. Intermediaries		0.0		0.0		
3. All other providers		0.0		0.0		
4. Total capitation payments	24,269,047	27.6	<u> </u> 0	0.0	20,001,071	4,267,976
Other Payments:						
5. Fee-for-service		3.6	XXX	xxx		3,190,965
6. Contractual fee payments		68.8	XXX	xxx	60,628,335	
Bonus/withhold arrangements - fee-for-service	0	0.0	xxx	Lxxx		
Bonus/withhold arrangements - contractual fee payments		0.0	XXX	xxx		
9. Non-contingent salaries		0.0	xxx	xxx		
10. Aggregate cost arrangements	0	0.0	xxx	xxx		
11. All other payments	0	0.0	XXX	xxx		
12. Total other payments	63,819,300	72.4	XXX	XXX	60,628,335	3,190,965
13. Total (Line 4 plus Line 12)	88,088,347	100 %	XXX	XXX	80,629,406	7,458,941

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4 Average Monthly	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	445,820		138,929	306,891	306,891	
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
Other property and equipment						
6. Total	445,820	0	138,929	306,891	306,891	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Upper Peninsula Health Plan, LLC 2.

1410 0 0 1 00000 PURINESS IN THE STATE OF	- • • • • •				0010			(LOCATION)		50015
AIC Group Code 00000 BUSINESS IN THE STATE OF	- Michigan	Compreh		DURING THE YEAR	2012			NA 	IC Company Code	52615
	1	(Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	29,483	578						182	28 ,723	
2 First Quarter	30,117	576						220	29,321	
3 Second Quarter	30,418	572						261	29 , 585	
4. Third Quarter	31,058	639						283	30 , 136	
5. Current Year	30,805	583						324	29,898	
6 Current Year Member Months	364,339	7,083						3,132	354,124	
Total Member Ambulatory Encounters for Year:										
7. Physician	184,956	2,266						4 , 498	178,192	
8. Non-Physician	116,447	1,031						3,607	111,809	
9. Total	301,403	3,297	0	0	0	0	0	8,105	290,001	
10. Hospital Patient Days Incurred	6,604	3						6,319	282	
11. Number of Inpatient Admissions	2,165	2						2,077	86	
12. Health Premiums Written (b)	97,928,662	556,936						3,411,595	93,960,131	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	97 ,928 ,662	556,936						3,411,595	93,960,131	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services		491,289						3,948,266	83,648,791	
18. Amount Incurred for Provision of Health Care Services	88,674,962	464,611						5,064,048	83,146,303	

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Upper Peninsula Health Plan, LLC

2.

ALC Converted to the control of the	0			DUDING THE VEAR	2040			(LOCATION)		50045
AIC Group Code 00000 BUSINESS IN THE STATE OF	Consolidated	Compre		DURING THE YEAR 2012			NA 	IC Company Code	52615	
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	29,483	578	0	0	0	0	0	182	28,723	
2 First Quarter	30,117	576	0	0	0	0	0	220	29,321	
3 Second Quarter	30,418	572	0	0	0	0	0	261	29,585	
4. Third Quarter	31,058	639	0	0	0	0	0	283	30 , 136	
5. Current Year	30,805	583	0	0	0	0	0	324	29,898	
6 Current Year Member Months	364,339	7,083	0	0	0	0	0	3,132	354,124	
Total Member Ambulatory Encounters for Year:										
7. Physician	184,956	2,266	0	0	0	0	0	4,498	178,192	
8. Non-Physician	116,447	1,031	0	0	0	0	0	3,607	111,809	
9. Total	301,403	3,297	0	0	0	0	0	8,105	290,001	
10. Hospital Patient Days Incurred	6,604	3	0	0	0	0	0	6,319	282	
11. Number of Inpatient Admissions	2,165	2	0	0	0	0	0	2,077	86	
12. Health Premiums Written (b)	97,928,662	556,936	0	0	0	0	0	3,411,595	93,960,131	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0		0	
15. Health Premiums Earned	97,928,662	556,936	0	0	0	0	0	3,411,595	93,960,131	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	88,088,346	491,289	0	0	0	0	0	3,948,266	83,648,791	
18. Amount Incurred for Provision of Health Care Services	88,674,962	464,611	0	0	0	0	0	5,064,048	83,146,303	

⁽a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

Schedule S - Part 1 - Section 2 NONE

Schedule S - Part 2

NONE

32

SCHEDULE S - PART 3 - SECTION 2

			Re	insurance Ceded Accident and Health Insur	ance Listed	d by Reinsuring Cor	mpany as of Decemb	per 31, Current Year				
1	2	3	4	5	6	7	8	9	Outstanding	Surplus Relief	12	13
NAIC								Reserve Credit	10	11	Modified	
Company	Federal ID			Domiciliary			Unearned Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Company	Jurisdiction	Type	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
	ount - Authorize	d - Affiliates -	U.S. Affiliates				· · · · · · · · · · · · · · · · · · ·			•	•	•
60739	74-0484030	01/01/2012	AMERICAN NATL INS CO	TX	\$\$L/1/A	278,682						
0199999 -	General Account	- Authorized - A	ffiliates - U.S. Affiliates			278,682	0	0	0	0	0	(
0399999 -	General Account	- Authorized - A	ffiliates - Total Authorized Affiliates			278,682	0	0	0	0	0	(
0799999 -	General Account	- Authorized - To	otal General Account Authorized			278,682	0	0	0	0	0	(
			Account Authorized, Unauthorized and Certified			278,682	0	0	0	0	0	(
4599999 -	Total U.S. (Sum	of 0199999, 0499	999, 0899999, 1199999, 1599999, 1899999, 2399999	, 2699999, 3099999, 3399999, 3799999 and 4099999)	278,682	0	0	0	0	0	(
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4700000	Total (Cum of C		00000			278,682	0	0	Λ	^	^	
4/99999	Total (Sum of 2	299999 and 449	19999)			2/8,682	0	0	0	0	1	1

Schedule S - Part 4

Schedule S - Part 5

Schedule S - Part 6

Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	,	Omitted)	2	1 4	-
	1 2012	2 2011	3 2010	4 2009	5 2008
A. OPERATIONS ITEMS					
1. Premiums	0	0	3	3	2
Title XVIII-Medicare	0	0	0	0	0
Title XIX-Medicaid	279	260	197	164	137
Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses		0	0	0	0
B. BALANCE SHEET ITEMS					
Premiums receivable		0	0	0	(
7. Claims payable			0	0	(
Reinsurance recoverable on paid losses				0	(
Experience rating refunds due or unpaid			0	0	(
Commissions and reinsurance expense allowances due.			0	0	(
Unauthorized reinsurance offset			0	0	
Offset for reinsurance with Certified Reinsurers					
12. Offset for reinsurance with Certified Reinsurers	0	ΧΧΧ	LXXX	LXXX	JXXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND					
FUNDS WITHHELD FROM)					
Funds deposited by and withheld from (F)	0	0	0	0	
14. Letters of credit (L)			0	0	(
15. Trust agreements (T)	0	0	0	0	(
16. Other (O)	0	0	0	0	(

D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
(22. 331.321 AIRS I STADO WITHINEED I TOWN)					
17. Multiple Beneficiary Trust	0	XXX	XXX	XXX	XXX
18. Funds deposited by and withheld from (F)	0	XXX	XXX	XXX	XXX
19. Letters of credit (L)	0	XXX	XXX	XXX	XXX
20. Trust agreements (T)	0	XXX	XXX	XXX	XXX
21. Other (O)	0	XXX	XXX	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	29,461,650		29,461,650
2.	Accident and health premiums due and unpaid (Line 15)	0		0
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	2,474,001		2,474,001
6.	Total assets (Line 28)	31,935,651	0	31,935,651
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	12,332,258	0	12,332,258
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			0
12.				0
13.				0
14.				918,952
15.	Total liabilities (Line 24)	13,251,210	0	13,251,210
16.	Total capital and surplus (Line 33)	18,684,441	XXX	18,684,441
17.	Total liabilities, capital and surplus (Line 34)	31,935,651	0	31,935,651
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	. 0		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

Otatos Eta	ļ	1	2	3	siness Only	5	â
Ctatas Eta		Life (Group and	Annuities (Group	Disability Income (Group and	Long-Term Care (Group and	Deposit-Type	6
States, Etc.		Individual)	and Individual)	Individual)	Individual)	Contracts	Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	ľ						
	AR						
5. California							
6. Colorado	co						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia							
10. Florida							
I1. Georgia							ļ
12. Hawaii							
13. Idaho							
14. Illinois	IL						
5. Indiana							
16. lowa	JA						
I7. Kansas	KS		ļ		ļ		
18. Kentucky	KY						
19. Louisiana							
20. Maine	ME		ļ		ļ		
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	МО						
27. Montana	ТМ						
28. Nebraska	NE						
29. Nevada							
30. New Hampshire							
31. New Jersey	NJ						
32. New Mexico	MM						
33. New York							
34. North Carolina							
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma							
38. Oregon	OR						
39. Pennsylvania							
10. Rhode Island							
11. South Carolina			İ				
12. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
I5. Utah			İ				
46. Vermont	VT						
io. Vernioni 17. Virginia	l l						
ł8. Washington							
is. Wasnington is. West Virginia							
50. Wisconsin						l	l
51. Wyoming							ļ
52. American Samoa							
53. Guam							
54. Puerto Rico							
55. US Virgin Islands							<u> </u>
56. Northern Mariana Islands							ļ
57. Canada							
58. Aggregate Other Alien59. Totals	TO	0	0	0	0		

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	Ι 4	5	6	7	Ι 8	9	10	11	12	13	1/1	15
'	_			3		Name of			10	'''	Type of Control	13	'-	, ''
						Securities					(Ownership,			,)
						Exchange if					Board,	If Control is	Ultimate	, ,
		NAIC	Federal			Publicly	Name of		Relationship to		Management,	Ownership	Controlling	,)
Group		Company	ID	Federal		Traded (U.S. or	Parent Subsidiaries	Domiciliary		Directly Controlled by	Attornov in Eact	Provide	Entity(ies)/	,)
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Percentage	Person(s)	*
Code	Upper Peninsula Health Plan,	Code	Number	ROOD	OIIX	international)	Upper Peninsula Health Plan,	Location		Baraga County Memorial	milderice, Other)	1 ercentage	1 613011(3)	$\overline{}$
00000	TUPPET FEITHISUTA HEATTH FTAH,	52615	46-0927995				Tupper reinnisura nearth rian,	МІ		Hospital	Ownership	0.8		
00000	LLU	J20 IJ	40-032/333				LLO			Bell Hospital	Ownership	5.1		
										Diekinsen County Health	ownersiiip			U
										Dickinson County Health	O	5.4		
										System	Ownership]5.4		
										Aspirus Grandview	Ownership	4.5		0
										Helen Newberry Joy Hospital Aspirus Keweenaw Hospital	Ownership	1.9		0
										Aspirus Keweenaw Hospital	Ownership	3.7		0
										DLP Marquette General			DLP Marquette	
										Hospital	Ownership		General Hospital	0
										Munising Memorial Hospital UPHP Treasury	Ownership	0.1		,0 J
										UPHP Treasury	Ownership	0.2		,0 J
										Portage Health	Ownership	10.0	Portage Health	0
										Schoolcraft Memorial Hospital	.Ownership	2.1		0
										SSM Tribal Health	Ownership	0.5		0
										War Memorial Hospital	Ownership	7.1		0
										Upper Peninsula Managed Care,	·			, ,
										LĹĊ	Management	0.0		0

Asterisk	Explanation

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SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

NAIC Company Code Number 46-0927995 Upper Peninsula Health Plan, LLC 38-3323620 Upper Peninsula Managed Care, LLC Baraga County Memorial Hospital Bell Hospital Dickinson County Health System Aspirus Grandview Helen Newberry Joy Hospital Northstar Health System Aspirus Keweenaw Hospital DLP Marquette General Hospital Munising Memorial Hospital Portage Health Schoolcraft Memorial Hospital SSM Tribal Health War Memorial Hospital	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit
	- Eweline	Contributions	invocationic	7 mmate(0)	(5,007,339)	rigicomente		Daomicoo		Taken/(Liability)
38-3323620 Upper Peninsula Managed Care, LLC							ı		(5.007.339)	Taken/(Liability)
Baraga County Memorial Hospital					(5,007,339) 5,007,339				5,007,339	
Bell Hospital Dickinson County Health System Aspirus Grandview Helen Newberry Joy Hospital									0	ļ
Dickinson County Health System									0	
Aspirus Grandview									0	
i inetell Newbelly Joy nospital		 	····					·····	0	 I
Northstar Health System							ļ		0	 I
Aspirus Keweenaw Hospital		†						<u> </u>	0	 I
DLP Marquette General Hospital									0	 I
Munising Memorial Hospital									0	L
Portage Health									0	ļ
Schoolcraft Memorial Hospital							ļ		0	·····
SSM Tribal Health		ļ							0	r
War Memorial Hospital								ļ	0	
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9999999 Control Totals	0	0	0	0	0	0	ХХХ	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

interro	gatory questions.	
	MARCH FILING	Responses
1.		YES.
2.		YES.
3.		YES
4.		YES
-	APRIL FILING	YES
5. e		YES
6. 7.		YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1? JUNE FILING	1 L0
8.		YES
9.	·	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
which t	llowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar complement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following ons.	de will be printed below. If
	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
12.	••	N0
13.		N0
14.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	YES
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
16.		N0
17.		YES.
18.		N0
19.		N0
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	N0
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
23.		N0
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	N0
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	N0
	AUGUST FILING	
26.		YES.
Explar	nation:	
11.		
12.		
13.		
15.		
16.		
18.		
19.		
20.		
21.		

22.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENT FOR THE YEAR 2012 OF THE Upper Peninsula Health Plan, LLC MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance) (To Be Filed By March 1)

NAIC Group Code 00000 NAIC Company Code 52615

	Individual C	overage	Group Co	verage	5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	0
1.12 Without Reinsurance Coverage		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments		ХХХ		XXX	0
1.2 Supplemental Benefits					0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		ХХХ		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits					XXX
Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		1		xxx	
3.2 Supplemental Benefits				XXX	XXX
Risk-Corridor Payment Adjustments-change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable					XXX
5. Earned Premiums		, , , , , , , , , , , , , , , , , , ,	Ī	2,7,7,	
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		YYY		YYY	XXX
5.12 Without Reinsurance Coverage		I			XXX
5.13 Risk-Corridor Payment Adjustments					XXX
		XXX		XXX	XXX
5.2 Supplemental Benefits		^^^	0	XXX	^^^
Total Premiums Claims Paid			0	۸۸۸	
7.11 Standard Coverage				VVV	0
7.11 With Reinsurance Coverage				i	0
7.12 Without Reinsurance Coverage			i i	i	
7.2 Supplemental Benefits		XXX		XXX	
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		1	1		
8.12 Without Reinsurance Coverage		i			
8.2 Supplemental Benefits	-	XXX		XXX	XXX
Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		1			
9.12 Without Reinsurance Coverage		ı	1		XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10 Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage				XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits.		XXX	0	XXX	XXX
11. Total Claims	0	XXX	0	XXX	(
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied	XXX		XXX		
12.2 Reimbursements Received but Not Applied-change					
12.3Reimbursements Receivable-change					XXX
12.4 Health Care Receivables-change					XXX
13. Aggregate Policy Reserves-change		I			XXX
14. Expenses Paid					
15. Expenses Incurred			1		XXX
16. Underwriting Gain/Loss			0	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(

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